

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
6						
6						
7						
8						
9						
10						
11						
12						
13						
14						
16						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
36						
36						
37						
38						
39						
40						
41						
42						
43						
44						
46						
46						
47						
48						
49						
60						
TOTAL	8					
TOTAL	36					
TOTAL	44					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
66						
66						
67						
68						
69						
69						
70						
71						
72						
73						
74						
76						
76						
77						
78						
79						
80						
81						
82						
83						
84						
86						
86						
87						
88						
89						
90						
91						
92						
93						
94						
96						
96						
97						
98						
99						
100						
TOTAL						
TOTAL						
TOTAL						